

MONTHLY REPORT

NAME _____

DATE CREATED _____

FOR THE MONTH OF _____

PROJECT NAME _____

MONTHLY CHECKLIST:

1. Has the scope of the project change since the last report? Yes No
2. Do you anticipate any deadlines being missed? Yes No
3. Are there any issues you would like to bring to management's attention? Yes No
4. Does your team have the resources it needs to complete the project? Yes No

COMPLETED

IN PROGRESS

ASSIGNED/NOT STARTED